



Foreign-born children in Europe

Findings from the HBSC study

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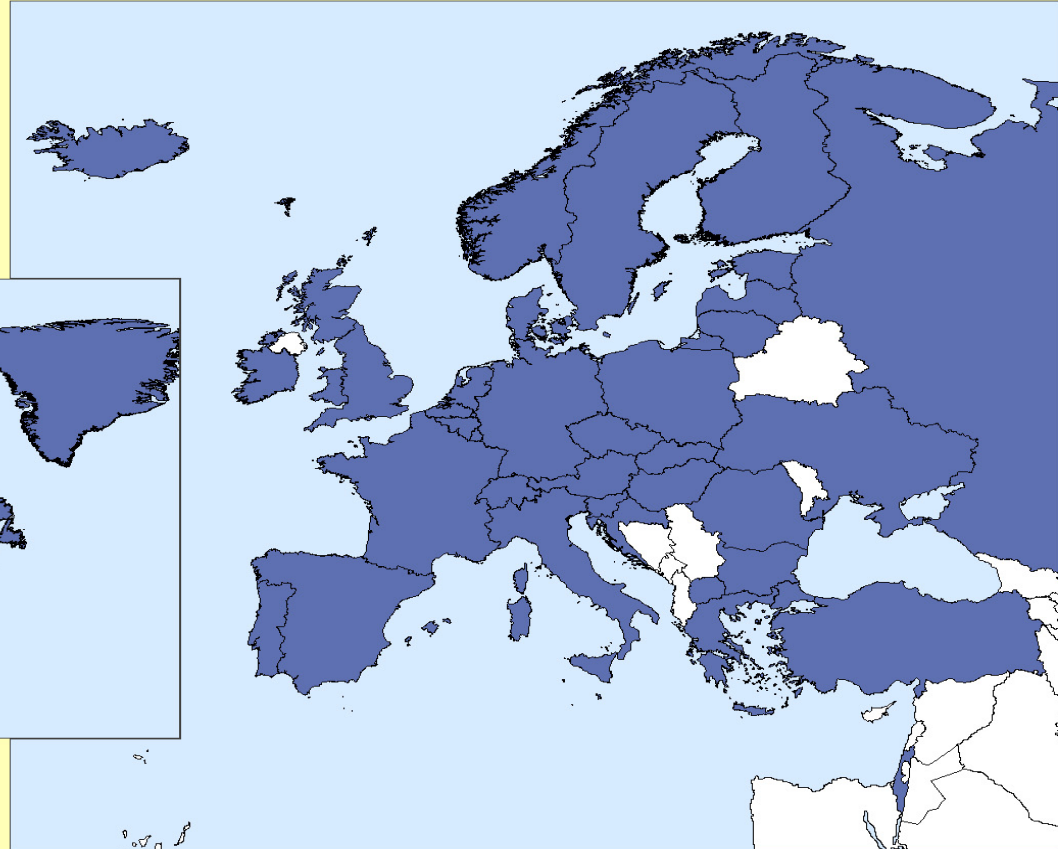
Health Behaviour in School Aged Children (HBSC) study

- HBSC was initiated in 1982, collecting data 4 years in a growing number of countries and regions
- In 1983 the study was adopted by WHO
- HBSC 2006 involves more than 200,000 children from 41 countries
- All countries adhere to a detailed study protocol to be included in the international data bank

HBSC 2006 – 41 regions



2005/06



HBSC - background

- The study aims to gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context
- The findings are used to inform and influence children's policy and practice at national and international levels
- The target age-groups are 11-, 13- and 15-year olds attending school (n=4500)

Methodology – Data for this paper

- Foreign-born status based on one question: “where you born in this country?”
- 2005/06 data from nationally representative samples in 12 countries
- Included: Flemish-speaking Belgium, Germany, Denmark, Spain, Greece, Ireland, Iceland, Italy, Portugal, Scotland, Sweden and Wales

Methodology – measures

Relationships

- Easy or very easy to talk to father
- Easy or very easy to talk to mother
- Easy or very easy to talk to best friend

School perceptions

- Above average school performance
- Liking school
- Agree that student in the classroom accept me as I am

Methodology – measures

Risk behaviour

- Was in a physical fight in the last 12 months
- Been bullied twice or more a month in the last couple of months
- Bullied others twice or more a month in the last couple of months
- Smoking weekly or more
- History of drunkenness (at least twice)



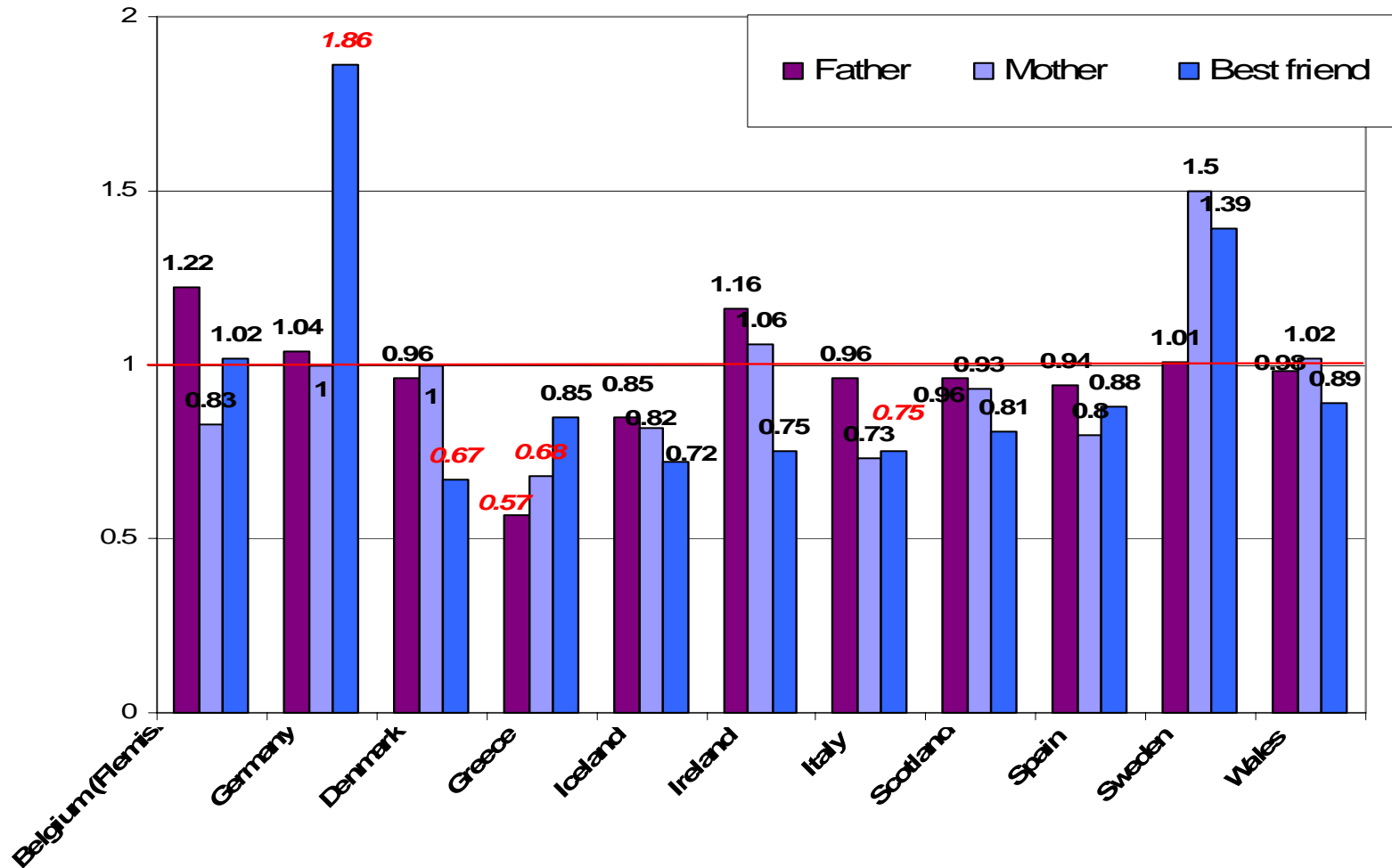
Findings



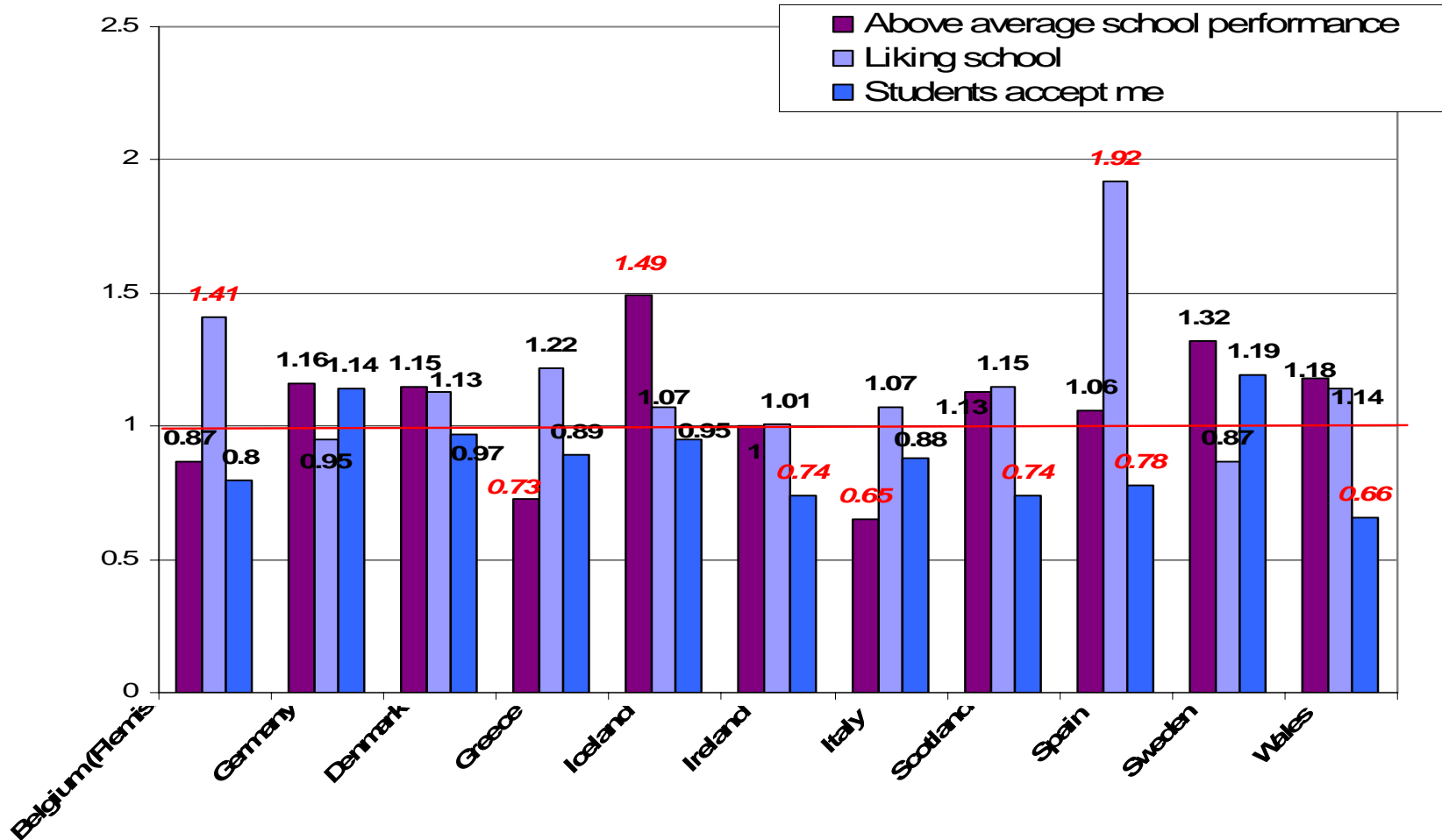
Wealth, Health and Well-being

- In most participating countries, foreign-born adolescents were living in less affluent families
- Foreign-born children reported similar levels of health and life satisfaction compared to their native peers

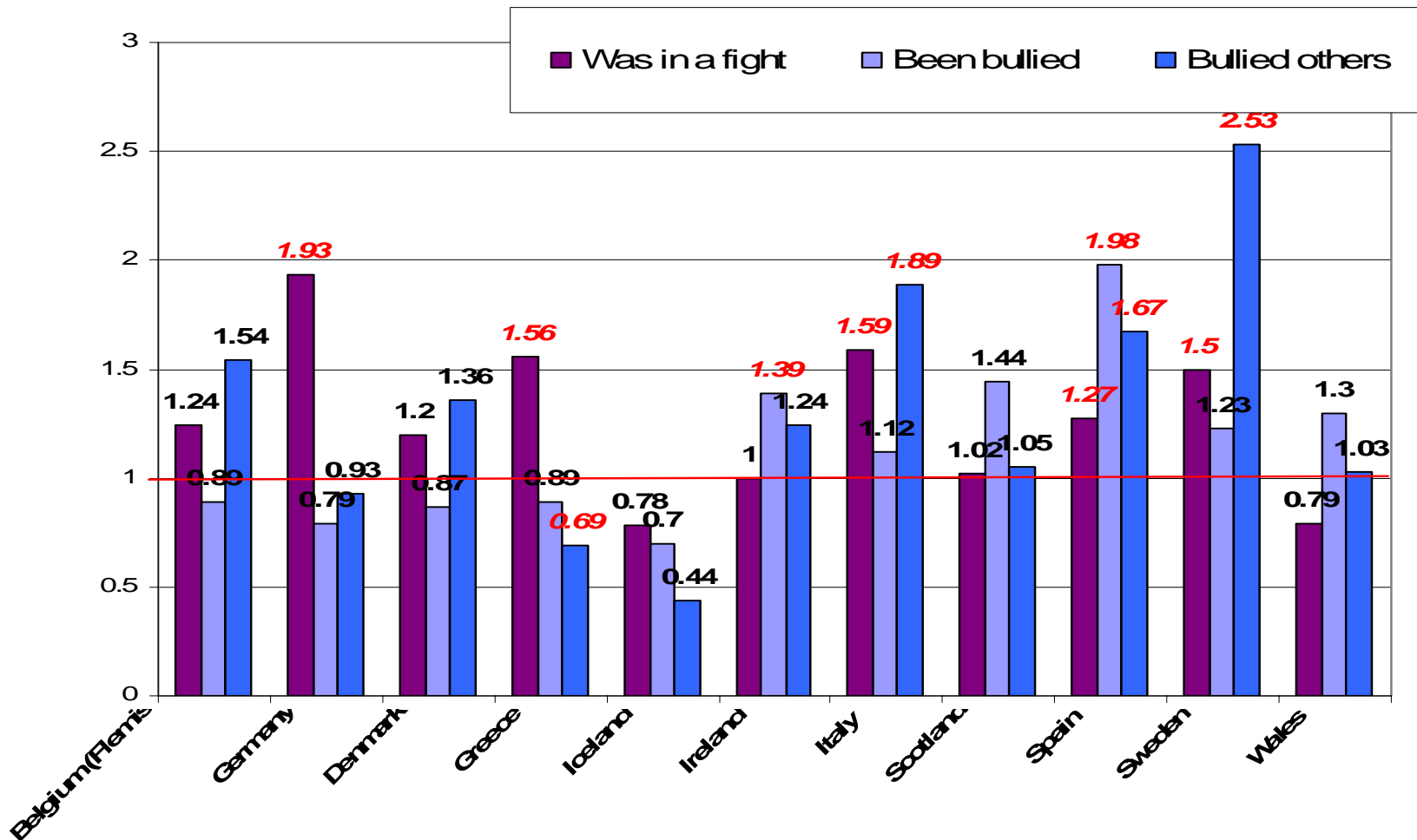
Easy to talk to... by country (odd ratios)



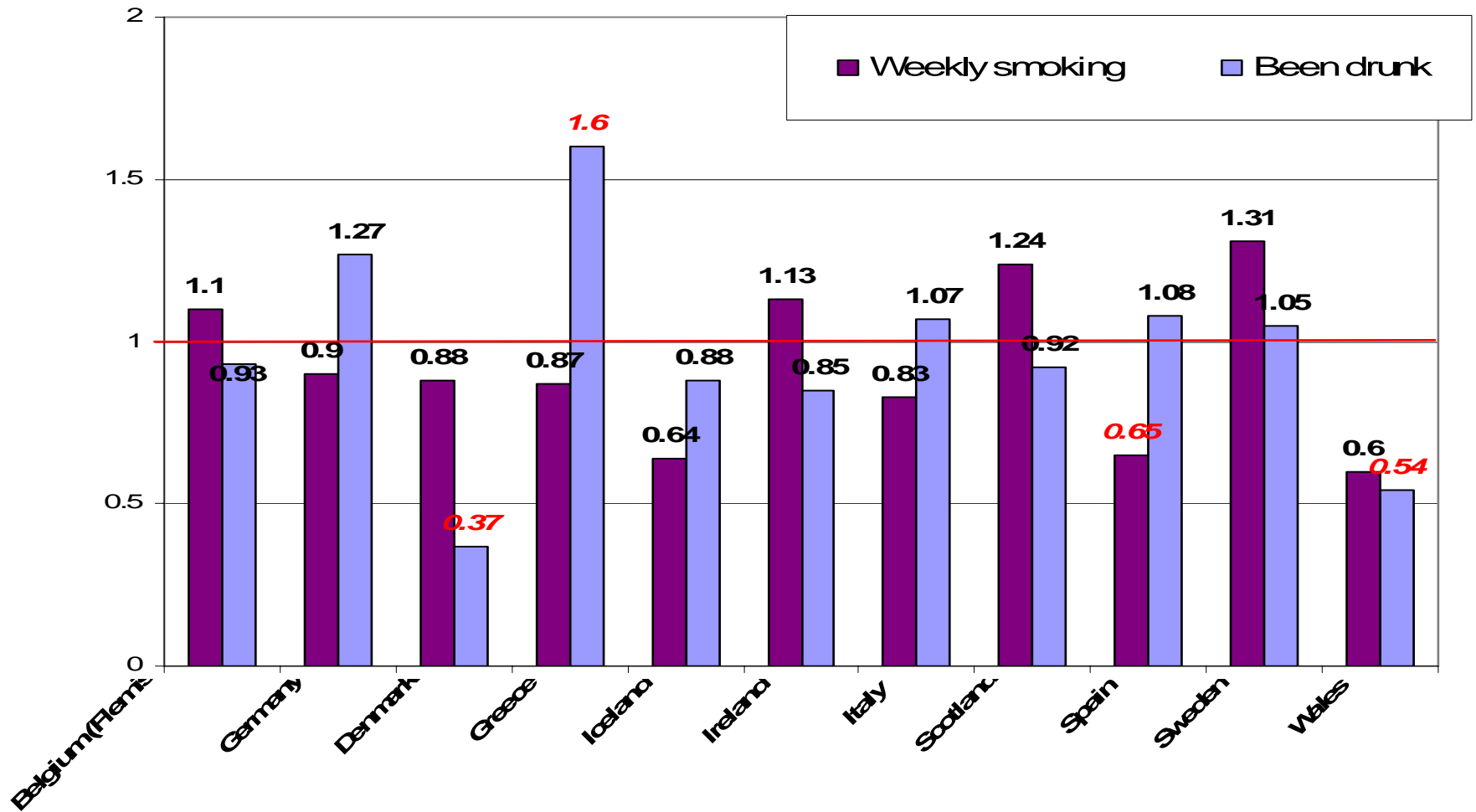
School perceptions by country (odd ratios)



Risk behaviour by country (odd ratios)



Risk behaviour by country (odd ratios)



Conclusions

- The main consistent finding in this study is the low affluence of foreign-born youth
- Some indications for social exclusion exist
- In the absence of global patterns, this study highlights the complexity of immigration phenomenon
- The complexity suggest that there is no one-size-fits-all approach when dealing with these populations
- There is need for more focused studies on immigrants, looking at different groups, and at country of origin and country of residence

Recommendations

- ⑩ The complexity of the migration phenomena, calls for scaling up investment in information systems at national and sub-national level that look at health inequities. Such data could be of used for policies, in the health sector and beyond, and for primary health care level in areas serving migrant communities.
- ⑩ Although no global patterns was identifies, it is still important to continue research and analysis efforts at international level,

Recommendations

- The consistently low affluence calls for equitable access to social protection services and other public services and opportunities.
- Governments need to build universal social protection systems and increase their generosity towards a level that is sufficient for healthy living.
- Systems are required for the monitoring the health of (all) national populations, to permits health inequities to be detected.



Acknowledgements

Prof. Candace Currie & team, International Co-ordinating Centre, Scotland

Dr. Oddrun Samdal & team, Data Bank Manager, Norway

HBSC network of researchers

Schools & children



Thank you for listening